

Case Number:	CM14-0067988		
Date Assigned:	07/11/2014	Date of Injury:	11/21/2011
Decision Date:	08/26/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40-year-old man who sustained a work-related injury on November 21, 2011. Subsequently, the patient developed chronic low back pain. According to a progress report dated on March 31, 2014, the patient complained of low back pain that radiates down the bilateral lower extremities with a pain severity varying between 7-8/10. He underwent a first lumbar epidural steroid injection (LESI) on November 1, 2013 with minimal overall improvement. His second LESI was performed on January 10, 2014 and resulted in 5-20 percent overall improvement. His physical examination showed lumbar tenderness in the spinal vertebral area, L4-S1 levels with reduced range of motion. Straight leg raise (SLR) was positive bilaterally in the seated and spine position. The electromyography (EMG) nerve conduction study dated June 26, 2013 was normal. Lumbar magnetic resonance imaging (MRI) dated June 12, 2012 showed L5-S1 right lateral disc osteophyte complex causing moderate to severe right foraminal compromise, existing right L5 nerve root impingement and severe to moderate foraminal L4-5 stenosis. The patient's treatment included epidural steroid injection (ESI), acupuncture and medications (Lorazepam, Norco, Zolpidem Tartrate). The provider requested authorization to use Hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydroxyzine 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/hydroxyzine.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to Official Disability Guidelines, Hydroxyzine could be used as an alternative as an anxiety medication for chronic pain. There was no documentation that the patient is suffering from anxiety. Therefore, the request for Hydroxyzine 25mg #60 is not medically necessary.